Initial 09/28/2005

# JC20 Rec'd PCT/PTO 28 SEP 2003

# **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	CLADRIBINE FORMULATIONS FOR IMPROVED ORAL AND TRANSMUCOSAL DELIVERY
Attorney Docket Number::	033935-020
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	No

Page # 1

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?::

No

**Applicant Information** 

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

**United States** 

Status::

**Full Capacity** 

Given Name::

**Nicholas** 

Middle Name::

S.

Family Name::

BODOR

Name Suffix::

City of Residence::

Bal Harbour

State or Province of Residence::

Florida

Country of Residence::

**United States** 

Street of Mailing Address::

10225 Collins Avenue

Unit 1002/1004

City of Mailing Address::

Bal Harbour

State or Province of Mailing

Florida

Page # 2

Initial 09/28/2005

Address::

Country of Mailing Address::

**United States** 

Postal or Zip Code of Mailing

Address::

33154

#### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

#### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/009384	March 26, 2004
PCT/US2004/009384	Claims benefit under 35 U.S.C. §119(e) of	60/458,922	March 28, 2003
PCT/US2004/009384	Claims benefit under 35 U.S.C. §119(e) of	60/484,756	July 2, 2003
PCT/US2004/009384	Claims benefit under 35 U.S.C. §119(e) of	60/541,246	Feb 4, 2004

## **Foreign Priority Information**

Country::

**Application Number::** 

**Priority** 

Claimed::

#### **Assignee Information**

Assignee Name::

**IVAX CORPORATION** 

Street of Mailing Address::

4400 Biscayne Boulevard

City of Mailing Address::

Miami

State or Province of Mailing

Address::

Florida

Country of Mailing Address::

**United States** 

Postal or Zip Code of Mailing

Address::

33137